



AUTHORIZED VOUCHER SIGNATURES
OFFICE OF MANAGEMENT AND BUDGET
SFN 7012 (Rev. 06-2001)

**ONLY AUTHORIZED SIGNATURES
SUBMITTED ON THIS FORM WILL BE
ACCEPTED**

Department	Dept. No.	Effective Date	Date Submitted
Typed Name of Department Director		Title of Department Director	

The following employees are authorized to approve for payments the types of vouchers indicated by "X" in the column following their typed name, title and signature. (The signature on the voucher cannot be abbreviated shorter than signed below, or the voucher will be returned.)

		AUTHORIZED TO SIGN ("X")				
TYPED NAME AND TITLE OF EMPLOYEE AUTHORIZED TO SIGN VOUCHERS	ACTUAL SIGNATURE OF EMPLOYEE	Journal Voucher	Travel Voucher	Abstract Voucher	Misc. Claim for Pmt.	IDB

Signature of Department Director